
BRITISH CARDIAC SOCIETY NEWSLETTER

The Secretary of State, Virginia Bottomley, recently announced her intention to introduce as part of an extension of the Patient's Charter a new target, so that patients waiting for coronary artery bypass grafts are admitted within 12 months. It is understood that the policy will also include coronary angioplasty, although that was not said in the initial announcement. The Society has identified the need to cover other forms of heart disease, including paediatric cases, within an approach to treating heart disease and the Patient's Charter.

Two other important issues are relevant to achieving a meaningful target. Firstly, there is a need to recognise the multiple delays that occur in the management of patients with heart disease; these include waiting times to see a cardiologist and the waiting time to investigation before a decision is made on an intervention. It is the cumulative waiting time that is important. Secondly, setting and achieving such a target must not be at the expense of urgent cases, and it follows that an agreement of the definition of urgent cases in cardiology and cardiac surgery is required. All of these matters are being given urgent consideration by the Medical Practice Committee and the British Cardiac Society Council. In an Executive Letter (94)19 dated 24 February 1994 Sir Duncan Nichol, Chief Executive of the NHS at the time, wrote: "It is particularly important that urgent cases on waiting lists for whom delay in investigational treatment would pose an unacceptable risk to life or risk of major morbidity are treated promptly. District health authorities and GP fundholder purchasers in discussions with their providers and the clinicians involved should seek to ensure that this objective is met within available resources. Purchasers should seek to negotiate target waiting times in service contracts when relevant with other criteria for improved quality of care. Although it is not possible to be prescriptive about the conditions which would be classified as urgent, the decision as to whether a patient needs treatment urgently or not will properly be for the doctors involved in the patient's care. It is important that an understanding is reached between the clinician

and the purchaser so that appropriate timely care can be provided." The importance of involving clinicians is stressed and there remain too many situations where clinical input into the contracting process is woefully lacking, perhaps more so from the perspective of the district general hospital consultant. Clinicians should quote this Executive Letter in demanding involvement in contract negotiations.

The United Kingdom Cardiac Surgical Register

The United Kingdom Cardiac Surgical Register for 1992 has just been published by the Society of Cardiothoracic Surgeons. This register, which dates back to 1977, records not only the 1992 figures but gives cumulative statistics going back to 1977. The register records all operations undertaken within the NHS hospitals in the United Kingdom. In 1977 the number of valve operations was 4832 and in 1992 it was 5164. Cases of congenital heart disease increased from 3344 to 3983 with all the increase being confined to cases aged less than one year, which increased from 275 to 1137. The main increase in activity was in operations for coronary artery disease, up from 3040 in 1977 to 21 398 cases in 1992. Other miscellaneous operations increased from 386 to 1094. During the period mortality for cardiac procedures halved, from 9.8% to 4.9%, with the biggest fall coming in the coronary artery operation group, from 9.3% to 3.5% (6.4% to 2.7% for isolated CABG). In 1992 the overall rate for the United Kingdom for operations for coronary artery disease was 308 per million of the population, with Scotland having a rate of 412 per million and only the South East Thames region having a higher rate (481 per million). These regional figures are based on the number of patients who had operations within the region and do not necessarily reflect service to that population because cross boundary flows are not recognised. In 1992 rates were lowest in the South Western region (142 per million) and Wales (149 per million). It is well known, however, that there were significant cross regional flows away from these centres.

Over the years this register has been of immense value. The original Government target of 300 CABGs per million of the population for 1990 was achieved by 1992. Although under the Patient's Charter the Government seems to be moving away from targets in general and towards treatment times, the accumulation of data on activity is becoming increasingly important. Much of the data will be accumulated in hospital information systems as activity and coding are accurately recorded. However, the role of national registers will continue to be

important and all cardiologists and cardiac surgeons are requested to cooperate and allow accurate, comprehensive and up to date registers to be maintained. The British Cardiovascular Intervention Society register is likely to be increasingly important over the next few years.

Progress on Read codes

Malcolm Towers writes: "The Centre for Coding and Classification has assembled more than 200 000 clinical terms from the various groups on schedule in April. The software to use the new terms will be available in October 1994 and in the interim refinement of the terms and qualifiers will continue. Our preliminary "pilot trial" last year was unsatisfactory and in the next six months computers with software and the latest set of terms installed will be loaned for assessment to certain centres for three weeks."

"Data collection from ICD-10 is to be introduced in April 1995 (though it may be delayed) and the mapping of the latest version of Read to ICD-10 should be available then. ICD-10 gives much less clinical information than Read. Hospitals may decide to use ICD-10 for management purposes and Read for clinical needs, to use Read for both, or not to use Read at all. The Centre for Coding and Classification will be presenting to hospitals the business case for Read."

European Society of Cardiology: Philip Poole-Wilson writes: "At the Board meeting of the European Society of Cardiology in March, the board appointed Kim Fox to be the next Editor of the *European Heart Journal*. He will take over in January 1995. I am sure that all the members of the British Cardiac Society will wish to congratulate him on his appointment and will appreciate the importance of the position and the magnitude of the task ahead. Congratulations, Kim."

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NOTICE

The 1995 Annual Meeting of the **British Cardiac Society** will take place at the Conference Centre, Harrogate, West Yorkshire from 23 to 25 May.